



Voter #

Gave

Mail

CITY OF DOVER, NEW HAMPSHIRE
APPLICATION
OFFICIAL MUNICIPAL ABSENTEE BALLOT
November 5, 2013

I, _____, hereby apply for an official absentee ballot.
(Please Print)

I am a duly qualified voter, residing at _____ and entitled
(Street and number)
to vote in Ward _____ in the City of Dover.

(Signature of voter) *REQUIRED*

Mail ballot to: _____

Reason for Absentee Ballot Request (Check One):

_____ Physical Disability _____ Religious Observance
_____ Absence from City on Election Day
_____ Employment / Commuter

RETURN BALLOT TO: Dover City Clerk
288 Central Avenue
Dover, NH 03820-4169

(603) 516-6018
(603) 516-6666 FAX